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MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH		Arizona State Board of Health	
BUREAU OF VITAL STATISTICS		STATE FILE NO. 157	
1. PLACE OF DEATH		COUNTY <u>Maricopa</u> STATE <u>ARIZONA</u>	
TOWNSHIP <u>Tempe</u> OR VILLAGE <u>Welfare Sanatorium</u>		REGISTERED NO. <u>3</u>	
CITY <u>Tempe</u> NO. <u>Welfare Sanatorium</u>		WARD <u>2</u>	
LENGTH OF RESIDENCE (IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)		ST. <u>2</u> WARD <u>2</u>	
IN CITY OR TOWN WHERE DEATH OCCURRED. YRS. <u>9</u> MOS. <u>3</u> DS. <u>5</u>		HOW LONG IN U. S. IF OF FOREIGN BIRTH? YRS. <u>9</u> MOS. <u>3</u> DS. <u>5</u>	
2. FULL NAME <u>William F. Seeman</u>		HOW LONG IN STATE WHEN DEATH OCCURRED? YRS. <u>9</u> MOS. <u>3</u> DS. <u>5</u>	
(A) RESIDENCE: NO. <u>Welfare Sanatorium</u> ST. <u>2</u> WARD <u>2</u>		(IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)	
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) <u>Divorced</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Clara E. Seeman</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 5, 1883</u>			
7. AGE	YEARS <u>52</u>	MONTHS <u>9</u>	DAYS <u>--</u> IF LESS THAN 1 DAY, <u>--</u> HRS. <u>--</u> OR <u>--</u> MIN.
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC.	<u>Writer</u>		
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.	<u>Writer</u>		
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)	11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION <u>11</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>MO.</u>			
13. NAME <u>William F. Seeman</u>			
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Unknown</u>			
15. MAIDEN NAME <u>Elizabeth Arnold</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Unknown</u>			
17. INFORMANT <u>Clara E. Seeman</u> (ADDRESS) <u>Wasa, Ariz.</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Double Butte</u> DATE <u>3/7/36</u> 19 <u>36</u>			
19. EMBALMER { LICENSE NO. <u>218</u> SIGNATURE <u>E. P. Carr</u> FUNERAL DIRECTOR <u>E. P. Carr</u> ADDRESS <u>Tempe, Ariz.</u>			
20. FILED <u>3/7/1936</u> REGISTRAR <u>Go D. Williams</u>			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Mar. 5, 1936</u>			
22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>9-13</u> , 19 <u>35</u> TO <u>3-5</u> , 19 <u>36</u>			
I LAST SAW HIM ALIVE ON <u>3-5</u> , 19 <u>36</u> ; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>1</u> P. <u>M.</u>			
THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:			
<u>Pulmonary tuberculosis bilateral</u>			
OTHER CONTRIBUTORY CAUSES, OF IMPORTANCE: <u>None</u>			
NAME OF OPERATION <u>None</u> DATE OF <u>None</u>			
WHAT TEST CONFIRMED DIAGNOSIS <u>Chinichin</u> WAS THERE AN AUTOPSY? <u>No</u>			
23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? DATE OF INJURY <u>19</u>			
WHERE DID INJURY OCCUR? (SPECIFY CITY OR TOWN, COUNTY AND STATE)			
SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE			
MANNER OF INJURY			
NATURE OF INJURY			
24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? <u>No</u>			
IF SO, SPECIFY (SIGNED) <u>Wm. H. Thayer</u> (ADDRESS) <u>Phoenix</u>			